



**LONG BEACH POLICE DEPARTMENT  
COMMUNITY POLICE ACADEMY  
APPLICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
City Zip

**WORK ADDRESS:** \_\_\_\_\_  
City Zip

**TELEPHONE #:** \_\_\_\_\_  
Home Work

**DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

I consent to a record check and will complete a LiveScan\* examination (fingerprint) to determine eligibility for the Long Beach Community Police Academy. If accepted as a student, I agree to abide by all rules, regulations, and to have no more than two absences during the fifteen-week class schedule.

\_\_\_\_\_  
(Please sign your name) Date: \_\_\_\_\_

**\*To be administered by the Long Beach Police Department**

**I learned of the Community Police Academy from:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am interested in attending the Community Police Academy because:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail application to:** Long Beach Police Academy  
Attn: Community Academy Coordinator  
7290 E. Carson Street  
Long Beach, CA 90808